

Fill in this information to identify your case:

Debtor 1	<b>Catherine Renee Reid</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		EASTERN DISTRICT OF PENNSYLVANIA	
Case number (if known)	16-12776		

Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
2.1 Ally Financial	2012 Dodge Avenger 22000 miles <b>Debtor's Possession. Estimated valued based on Kelley Blue Book.</b>	\$15,446.63	\$10,896.00	\$4,550.63
P.O. Box 380902 Bloomington, MN 55438-0902	Number, Street, City, State & Zip Code			
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Nature of lien. Check all that apply.			
<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
	<input type="checkbox"/> Judgment lien from a lawsuit			
	<input checked="" type="checkbox"/> Other (including a right to offset) <b>Car Loan</b>			
Date debt was incurred <u>03/28/2012</u>	Last 4 digits of account number <u>3480</u>			

Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
2.2 American Income Life Insurance Comapny	American Income Life Insurance Company <b>Beneficiary: Cassandra B. Ewell</b>	\$2,120.68	\$11,274.00	\$0.00
PO Box 2608 Waco, TX 76797	Number, Street, City, State & Zip Code			
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Nature of lien. Check all that apply.			
<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
	<input type="checkbox"/> Judgment lien from a lawsuit			
	<input type="checkbox"/> Other (including a right to offset)			

Debtor 1 <b>Catherine Renee Reid</b> First Name _____ Middle Name _____ Last Name _____	Case number (if known) <b>16-12776</b>															
Date debt was incurred _____	Last 4 digits of account number <b>8919</b>															
<table border="1"> <tr> <td><b>2.3 Centers for Medicare &amp; Medicaid Services</b> Creditor's Name</td> <td>Describe the property that secures the claim: <b>Auto Accident Lawsuit: Reid vs Miller Phila Ct. Common Pleas Case ID: 160401024</b></td> <td>\$12,056.09</td> <td>\$22,056.09</td> <td>\$0.00</td> </tr> <tr> <td><b>PO Box 138832 Oklahoma City, OK 73113</b> Number, Street, City, State &amp; Zip Code</td> <td colspan="4">As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </td> </tr> <tr> <td>Who owes the debt? Check one.</td> <td colspan="4"> <b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <b>indemnification</b> </td> </tr> </table>		<b>2.3 Centers for Medicare &amp; Medicaid Services</b> Creditor's Name	Describe the property that secures the claim: <b>Auto Accident Lawsuit: Reid vs Miller Phila Ct. Common Pleas Case ID: 160401024</b>	\$12,056.09	\$22,056.09	\$0.00	<b>PO Box 138832 Oklahoma City, OK 73113</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				Who owes the debt? Check one.	<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>indemnification</b>			
<b>2.3 Centers for Medicare &amp; Medicaid Services</b> Creditor's Name	Describe the property that secures the claim: <b>Auto Accident Lawsuit: Reid vs Miller Phila Ct. Common Pleas Case ID: 160401024</b>	\$12,056.09	\$22,056.09	\$0.00												
<b>PO Box 138832 Oklahoma City, OK 73113</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed															
Who owes the debt? Check one.	<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>indemnification</b>															
Date debt was incurred <b>7/28/2014</b>	Last 4 digits of account number <b>605A</b>															
<table border="1"> <tr> <td><b>2.4 Colonial Savings F.A.</b> Creditor's Name</td> <td>Describe the property that secures the claim: <b>5732 N. Fairhill Street Philadelphia, PA 19120 Philadelphia County</b></td> <td>\$92,244.35</td> <td>\$100,300.00</td> <td>\$0.00</td> </tr> <tr> <td><b>2626 West Freeway Fort Worth, TX 76102</b> Number, Street, City, State &amp; Zip Code</td> <td colspan="4">As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed                 </td> </tr> <tr> <td>Who owes the debt? Check one.</td> <td colspan="4"> <b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage Loan</b> </td> </tr> </table>		<b>2.4 Colonial Savings F.A.</b> Creditor's Name	Describe the property that secures the claim: <b>5732 N. Fairhill Street Philadelphia, PA 19120 Philadelphia County</b>	\$92,244.35	\$100,300.00	\$0.00	<b>2626 West Freeway Fort Worth, TX 76102</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				Who owes the debt? Check one.	<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage Loan</b>			
<b>2.4 Colonial Savings F.A.</b> Creditor's Name	Describe the property that secures the claim: <b>5732 N. Fairhill Street Philadelphia, PA 19120 Philadelphia County</b>	\$92,244.35	\$100,300.00	\$0.00												
<b>2626 West Freeway Fort Worth, TX 76102</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed															
Who owes the debt? Check one.	<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage Loan</b>															
Date debt was incurred <b>05/15/2009</b>	Last 4 digits of account number <b>3500</b>															
<table border="1"> <tr> <td><b>2.5 NOVAD Management Consulting LLC</b> Creditor's Name</td> <td>Describe the property that secures the claim: <b>5732 N. Fairhill Street Philadelphia, PA 19120 Philadelphia County</b></td> <td>\$50,000.00</td> <td>\$100,300.00</td> <td>\$41,944.35</td> </tr> <tr> <td><b>Attn: HUD EHLP Department 2401 NW 23rd Street Oklahoma City, OK 73107</b> Number, Street, City, State &amp; Zip Code</td> <td colspan="4">As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </td> </tr> <tr> <td>Who owes the debt? Check one.</td> <td colspan="4"> <b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <b>Second Mortgage</b> </td> </tr> </table>		<b>2.5 NOVAD Management Consulting LLC</b> Creditor's Name	Describe the property that secures the claim: <b>5732 N. Fairhill Street Philadelphia, PA 19120 Philadelphia County</b>	\$50,000.00	\$100,300.00	\$41,944.35	<b>Attn: HUD EHLP Department 2401 NW 23rd Street Oklahoma City, OK 73107</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				Who owes the debt? Check one.	<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Second Mortgage</b>			
<b>2.5 NOVAD Management Consulting LLC</b> Creditor's Name	Describe the property that secures the claim: <b>5732 N. Fairhill Street Philadelphia, PA 19120 Philadelphia County</b>	\$50,000.00	\$100,300.00	\$41,944.35												
<b>Attn: HUD EHLP Department 2401 NW 23rd Street Oklahoma City, OK 73107</b> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed															
Who owes the debt? Check one.	<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Second Mortgage</b>															

Debtor 1 <b>Catherine Renee Reid</b>	First Name	Middle Name	Last Name	Case number (if known)	<b>16-12776</b>
Date debt was incurred				Last 4 digits of account number	<b>6462</b>
<b>2.6 Secretary of Housing and Urban Developme</b>		Describe the property that secures the claim:		\$20,000.00	\$100,300.00
Creditor's Name		<b>5732 N. Fairhill Street Philadelphia, PA 19120 Philadelphia County</b>		\$20,000.00	
<b>451 Seventh Street SW Washington, DC 20410</b>		As of the date you file, the claim is: Check all that apply.			
Number, Street, City, State & Zip Code		<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
Who owes the debt? Check one.		Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other (including a right to offset) <b>Partial Claim Mortgage</b>			
<input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred	<b>01/13/2016</b>	Last 4 digits of account number	<b>3500</b>		

Add the dollar value of your entries In Column A on this page. Write that number here:  
 If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here:

**\$191,867.75**  
**\$191,867.75**

#### **Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Secretary of Housing &amp; Urban Development</b> <b>Wanamaker Building</b> <b>100 Penn Square East</b> <b>Philadelphia, PA 19107-3380</b>	On which line in Part 1 did you enter the creditor?	<b>2.6</b>
		Last 4 digits of account number	<b>3500</b>